



Fond du Lac School District

72 W. Ninth Street, Fond du Lac, WI 54935
(920) 906-6548 Fax: (920) 906-6563
Erin Brendelson, RN: Health Programs Supervisor

INFORMED CONSENT TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

1. Regarding Student:

Last Name	First	MI
Date of Birth	Telephone	Maiden/Previous Name
Street Address	City	State Zip

2. Release From:

<u>YScreen</u> Name (business, physician, therapist, etc.)	<u>920-906-6571</u> Telephone
<u>72 W. Ninth Street.</u> Street Address	<u>Fond du Lac</u> City
<u>WI</u> State	<u>54935</u> Zip
Attention: _____	

3. Release To:

Name(business, physician, etc)			
Street Address	City	State	Zip
Attention: _____			

4. Specific type of information to be disclosed: YScreen results and recommendations
- In the form of: Photocopies Verbal Communication Inspection Other – See #4
5. Disclosure includes future records regarding my services until the date or condition of expiration
6. Purpose or need for disclosure/exchange: Education Programming Speech & Language Psychological
- Occupational/Physical Therapy School Health Program/Vision/Audiologist Other _____
7. This consent will remain in effect until : Above request is processed
 Additional time period this authorization is valid: _____
(one year maximum)

Student/Parent Rights (please read before signing): You may request multiple releases of information identified on this authorization form. You may receive a copy of this authorization. Fond du Lac School District does not condition treatment, or eligibility for benefits based on the signing of this authorization. You have the right to inspect and receive a copy of the material to be disclosed in accordance with District policies. The District may charge for photocopies based on School Board policies. You may revoke this authorization at any time (except to the extent that the District has already acted in reliance upon it), by written notice to Fond du Lac School District. Attention: Privacy Officer. If the person or organization requesting this information is not subject to the federal privacy standards, the information disclosed pursuant to this authorization may no longer be protected by the federal privacy standards. A photocopy of this authorization shall be as valid as the original.

I hereby release the Fond du Lac School District from all legal responsibilities or liability that may arise from this act of disclosure.

Student Signature: _____
(If 18 yrs. or older)

Date: _____

Authorized Person: _____
(Parent or Guardian)

Relationship: _____

Witness: _____